MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER AFTER I"AMENDMENT 2 [™] AMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP. IND: 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP.

TOTAL IND

TOTAL DEP

TOTAL IND

TOTAL DEF

TOTAL